

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90268 031 ***150.00

DOCUMENT # P00000012559						
1. Entity Name TARPON CONSTRUCTION, INC.						
Principal Place of Business 26266 BARCELOS CT. PUNTA GORDA, FL 33983			Mailing Address 16528 N. Dale Mabry Hwy. 3355 BEARSS AVE TAMPA, FL 33618			
2. Principal Place of Business		3. Mailing Address 16528 N. Dale Mabry Hwy				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State Tampa, FL				
Zip	Country	Zip 33618	Country US	4. FEI Number 65-0980577		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SANDERS, WALTER 3355 BEARSS AVE TAMPA, FL 33618			7. Name and Address of New Registered Agent Name: Sanders, Walter Street Address (P.O. Box Number is Not Acceptable): 16528 N. Dale Mabry Hwy City: Tampa FL Zip Code: 33618			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Walter Sanders</u> <u>Walter Sanders</u> <u>2/20/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEMISON, MICHAEL V 26266 BARCELOS CT. PUNTA GORDA, FL 33983		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: <u>Michael Jemison Michael Jemison</u> <u>3/24/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						